Texas Department of Agriculture
Public Information Request Form

LPI-100

TODD STAPLES, COMMISSIONER

SECTION A

¹ REQUESTOR INFORMATION

First Name	Last Name	Name of Company

Description of Information Requested:

E-mail Address	Telephone	Fax
	( ) -	( ) -

Mailing Address	City	State	Zip

Preference (if any) for Delivery of Public Information

☐ E-mail ☐ Fax ☐ Mail ☐ On-Site Inspection ☐ Other _____

Signature of Requestor	Date (mm/dd/yy)

This application becomes public record and is subject to disclosure. With few exceptions, a person has the right to request and be informed about the information that the State of Texas collects about him. Such person is entitled to receive and review the information upon request. A person also has the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 522.021, 522.023, and 559.004)

SECTION B

¹ PUBLIC INFORMATION OFFICE PROCEDURES (for TDA purposes only)

PIR No.	Date PIR Received (mm/dd/yy) / /	Internal Due Date / /	OAG Deadline / /

PIR Received via

☐ E-mail ☐ Fax ☐ Mail ☐ Walk-in ☐ Private Courier ☐ Other _____

Clarification/Reduction / /	Reply Received / / If Reduction: ☐ Apprvd ☐ Denied	Clarification/Reduction / /	Reply Received / / If Reduction: ☐ Apprvd ☐ Denied

Division(s): ☐ Admin. Services ☐ Comm. ☐ Executive ☐ Enforce. ☐ Financial ☐ Food/Fiber ☐ Food/Nutrition
☐ General Counsel ☐ GA ☐ Licensing ☐ Mkting. ☐ Pesticide ☐ RED ☐ Regulatory

Legal Initial Review Initials: ____ Date: ____	Executive Initial Review Initials: ____ Date: ____	Legal Final Review Initials: ____ Date: ____	Executive Final Review Initials: ____ Date: ____

SECTION C

¹ COST DETERMINATION (for TDA purposes only)

☐ Pesticide complainant/respondent
☐ Public interest
☐ < $10 (requestor not charged)
☐ $10-$40 (bill before sending PI)
☐ > $40 (obtain cost estimate approval, then bill before sending PI)

Cost Estimate Sent ($) Date ____ / /	Reply To Cost Estimate Received ☐ Apprvd ☐ Reduce ☐ Withdraw ☐ OAG Date ____ / /
Bill Sent ($) Date ____ / /	Bill Paid (Remittance #) Date ____ / /